

**TRIBAL MANAGEMENT GRANT PROGRAM  
OBJECTIVE REVIEW COMMITTEE  
PARTICIPATION INQUIRY FORM**

Name: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(For FedEx Delivery)

\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_ / \_\_\_\_\_

E-Mail (required): \_\_\_\_\_

Have you been a reviewer before? YES NO  
If "YES", for what organization/agency and when?

\_\_\_\_\_  
\_\_\_\_\_

Are you a Federal employee? If "YES", what agency? \_\_\_\_\_ NO

Are you proficient with the computer? YES NO

Do you have daily Internet access? YES NO

What types of issues do you feel you are able to address (i.e. third party billing, planning, program evaluation, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail to Ms. Deanna Dick, OMS/OD, 801 Thompson Ave, Rockville, MD 20852.  
Include a copy of your resume for review.